

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019631

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 31

FILED JUN 13 1962

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Eldon</u>                  |  | c. CITY OR TOWN <u>Eldon</u>   |  |
| Length of stay in 1b<br><u>Years</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>301 N. Grand</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>301 N. Grand</u>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|   |                                      |   |   |   |   |
|---|--------------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Albert</u> Middle <u>Sidney</u> Last <u>Hillix</u>                             |                                      |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>6</u> Year <u>1962</u> |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Caucasian</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9/18/74</u>                                  | 9. AGE (last birthday)<br><u>87</u>                   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer - Feed Mill Operator</u> |                                      |   | 10b. KIND OF BUSINESS OR INDUSTRY                                   |   |   |
| 11. BIRTHPLACE (City and state or country)<br><u>Weston, Mo.</u>  |                                      |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>                      |   |   |
| 13a. FATHER'S NAME<br><u>William Hillix</u>   |                                      | 13b. MOTHER'S MAIDEN NAME<br><u>Ellen Whittington</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Kathleen Hillix</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>          |                                      |   | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>                        |   |   |
| 17. INFORMANT<br><u>Mrs. Gladys Walker, Eldon, Mo.</u>  |                                      |   | Address   |   |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>       |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Not known</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>  </u><br>DUE TO (c) <u>  </u> |  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Chr. Prostatitis</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m.<br>Month, Day, Year <u>  </u> |   |  |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>1950</u> to <u>June 6 1962</u> and last saw him alive on <u>June 4 1962</u><br>Death occurred at <u>9:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

|  |                            |  |   |
|--|----------------------------|--|---|
| 22a. SIGNATURE<br><u>E. O. Shelton M.D.</u>                | (Degree or title)          | 22b. ADDRESS<br><u>Eldon, Mo.</u>                  | 22c. DATE SIGNED<br><u>June 8 1962</u>                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>6/8/62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Eldon</u> | 23d. LOCATION (City, town, or county)<br><u>Eldon, Missouri</u> |

|  |                              |   |  |
|--|------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><u>Phillips Funeral Home</u> | ADDRESS<br><u>Eldon, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>June 8, 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Alberetta Walt</u> |
|--|------------------------------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0661  
2 0661  
3  
4 0  
5 2  
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7 0  
8 0  
9 4222  
10  
11  
12 90-0  
13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.